

## Working Collaboratively to Reduce Social Isolation in our Community

## Collective impact, lessons learned & sustainability



Pat Spadafora, Margaret Denton, Anne Pizzacalla Hamilton Council on Aging ESDC Conversation, December 4th, 2019





#### **7 Formal Collaborating Organizations**









Support, every step of the way











## Collective impact and backbone role

A team of representatives from different sectors (7 organizations) committed to a common agenda for addressing social isolation among adults 55+

 Five conditions - common agenda; shared measurement; continuous communication; mutually reinforcing activities; backbone role

Hamilton Council on Aging fulfilled and, continues to fill, the backbone role:

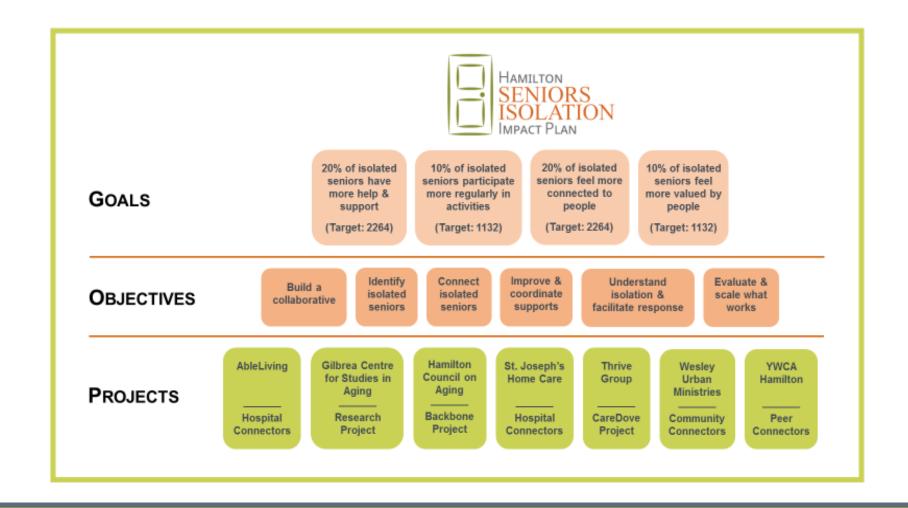
- Convenes and facilitates meetings
- Guides strategic planning
- Puts in place tools and processes for collaboration
- Oversees tracking, sharing and evaluation of data
- Helps raise awareness and build capacity

# Addressing social isolation as a community

Overall long-term goals of the 3-year HSIIP project (formally ended April 30<sup>th</sup>, 2019)

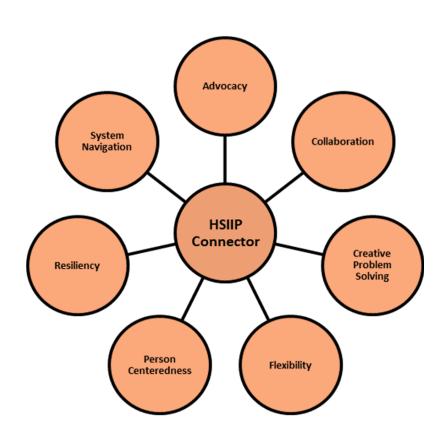
- to measurably reduce social isolation among older adults
- to build the community's capacity to identify, reach, and connect isolated older adults
- to prevent isolation in the future.

# Specific project goals, objectives & projects



## **Objectives of the Connectors**

- Fill a gap in the current social support services
- Break down barriers that result in social isolation
- Invest the time to build trust and rapport with clients.
- Ensure basic needs are met, then link to social activities
- Instill confidence, motivation and opportunity for older adults to become involved outside of the home.
- Help prevent unnecessary emergency room visits and hospital admissions.



## **Select HSIIP results**

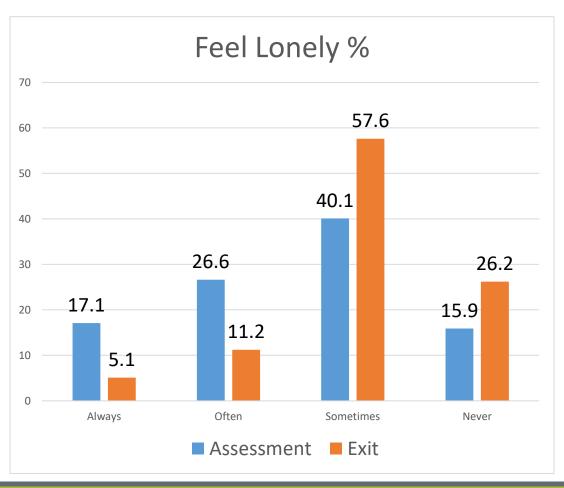
#### **Identify and Connect Isolated Seniors:**

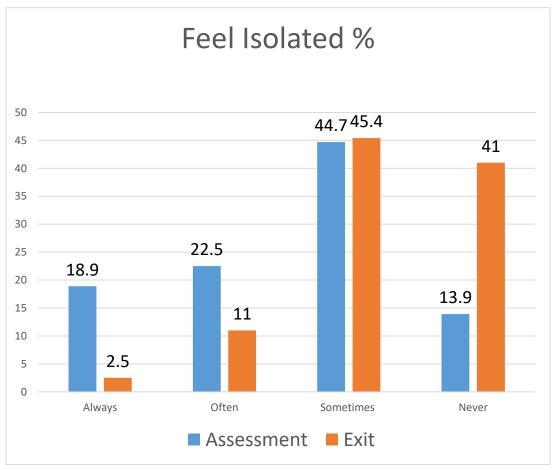
## The HSIIP Collaborative met the following Population Impact Goals

- 1. Connected over 1556 isolated seniors- 13.7% of isolated seniors in Hamilton.
- 2. 8.8 % of isolated seniors in Hamilton now participate more in social and physical activities achieving 88% of our population target.
- 3. 8.7% of isolated seniors feel more valued by people equating to 87% of our population goal.
- 4. 9.5% of isolated seniors feel they are more connected to people achieving 48% of our population goal.

The HSIIP Collaborative came close to reaching 20% of isolated older adults in Hamilton during the 3 year project and many lives were positively impacted.

# Client intake & exit surveys: pre and post comparisons





### Additional results: referrals and identified needs— May 2016 - March 2019

#### Collaborative received over 1875 referrals

#### Key needs identified included:

- Transportation
- Primary care health services and supports in the home
- Meals programs
- Home help/maintenance services
- Access to financial entitlements
- Other services to meet basic needs

Over 1556 isolated older adults were served with an additional 390 family members and/or friends indirectly benefiting from supports

# **Key system impacts of HSIIP project**

- More effective hospital discharge outcomes and improved transitions to the community with supports
- Flexible, responsive and personal referral pathway
- Improved crisis interventions, crisis support and Emergency Department avoidance
- Greater awareness across sectors about social isolation, available services and other resources

## **Overall lessons learned**

- It takes significant time to create, support and maintain a collaborative. The HSIIP
  project required a greater ramp up period (3-6 months) than might have been expected.
  This needs to be considered, particularly if organizations do not have a history of
  working together.
- Isolated older adults are difficult to find. They are, by definition, isolated. Must establish trust to begin to understand client issues.
- Rural areas are frequently challenged with inadequate transportation.
- Connectors identified many individuals with complex, unmet basic needs and poorly managed health conditions – must address basic needs before trying to link older adults to social activities.
- There is a need to develop increased expertise about mental health and addictions with community workers.
- Older adults are often unaware of their financial entitlements. Helping them to complete applications to receive financial support contributes to their independence.

### HSIIP extension project – May 2<sup>nd</sup>, 2019 - December 31<sup>st</sup> 2019

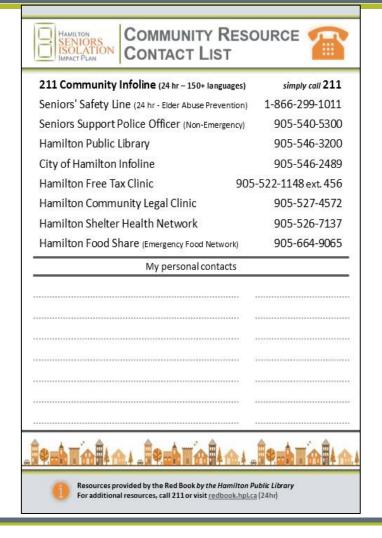
- Identify and serve an additional 500 isolated older adults through the Connector programs
- Knowledge dissemination: share knowledge, resources and tools with the community and host a community wide forum in the fall
- Create a toolkit/guidelines about how to introduce and adapt the Connector program to other communities as well as tools for the Hamilton community
- Maintain the collaborative and support original partners in the continuity of service delivery
- Work with partners and others to strengthen a post-funding sustainability plan through exploring funded, low cost and no cost solutions
- Continue to have conversations about reducing social isolation and enhancing social inclusion with community organizations, faith based communities, retirement homes, healthcare providers, community paramedics and others to ensure Made-in-Hamilton solutions that work in our community, solutions that can be adapted in other municipalities

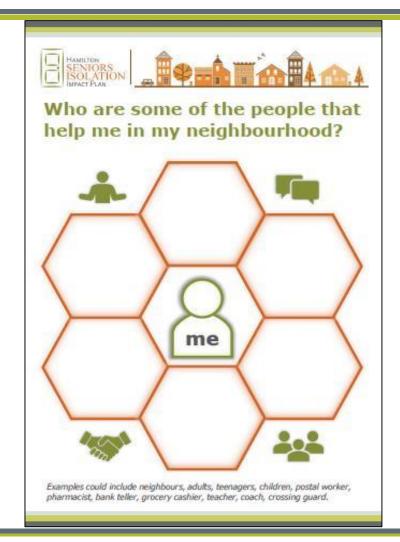
## Sustainability – funded, low-cost, no-cost

#### Sustainability has been a primary focus during the 8-month extension period

- Some collaborative partners have realigned their staff (including HSIIP Connectors) and programs to continue to foster social inclusion.
- Other Hamilton service providers have or are in the process of incorporating a care connector role as part of their services; in addition, on November 26<sup>th</sup>, it was announced that Hamilton has been awarded an Ontario Health Team. The Hamilton application had an emphasis on serving vulnerable older adults.
- The Seniors at Risk Community Collaborative (SaRCC), which evolved from the HSIIP project, is now an ongoing, legacy initiative that brings 30 different organizations from diverse sectors together to work collectively on social Isolation and risk factors.
- Opportunities also exist within the age-friendly communities initiative to support inclusion.
- A catalogue of low to no-cost initiatives, drawn from global examples, is being compiled with the anticipation that these activities can complement funded projects.

# Do you know your neighbour?







#### Do You Know Your Neighbour?



- Building neighbourhoods for all ages results in healthy and safe communities.
- Every individual, regardless of age, race/ethnicity, gender, sexual orientation, abilities, or other factors can contribute to their neighbourhood.
- Connecting with people helps to prevent isolation and loneliness.

"In our fast paced and busy world, it is easy to become disconnected and isolated from those around us. Social isolation and loneliness can be particularly challenging for older adults but may be experienced by people of any age. We all benefit when we watch out for and support our neighbours. You are not too young or too old to contribute to your neighbourhood. Let's work together to help others feel that they belong and that they matter. This is a space for you to share your stories and suggestions for connecting and supporting the people who live in your neighbourhood. We look forward to hearing from you!"



You are not too young. You are not too old. It is not too late! Let's start in our neighbourhood!



For more information, please check us out on facebook https://www.facebook.com/groups/DYKYN

# Thank you for your interest and support

#### Contact us at:

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https://coahamilton.ca/

# Additional material – not part of the formal presentation

Two sample client stories

# **Example #1 of service delivery : Connector story**

#### **Situation**

- 73 year old woman
- Recently lost her husband, no family or friends
- Not accessing any health or community services
- Physical disability prevented her from washing and caring for herself
- Lacking access to food and transportation

#### Response

- Connected her to a family doctor; home care services through the LHIN; a grocery delivery service for seniors; DARTS Transit (\*Hamilton's parallel transit system)
- Helped her to purchase a walker
- Advocated with landlord to fix a bug infestation
- Accessed social participation fund for a Seniors Recreation Centre membership and classes

# **Example #2 of service delivery : Connector story**

#### **Situation**

- 67 year old man, referred to YWCA by AbleLiving.
- Primary caregiver for his older mother.
- Lacking relationships, not involved in any groups or activities.
- Low-income, no access to transportation.

#### Response

- Matched to a volunteer Peer Connector for friendly visiting.
- Helped him visit recreation centres to learn about programs.
- Used social participation fund to purchase a Senior Centre Membership and classes.
- Registered him for DARTS and taught him how to use it.
- Now attending recreational activities 2 to 3 times per week.